

DUAL EMPLOYMENT CERTIFICATION FORM (CP-30)

REQUEST FOR ADDITIONAL PAYMENT TO EMPLOYEE FOR WORK PERFORMED FOR ANOTHER STATE AGENCY

INSTRUCTIONS: *The borrowing agency is responsible for originating this form in triplicate, using a separate set for each employee. Unless special arrangements have been made for invoicing of the borrowing agency by the parent agency, the Borrowing Agency will forward all copies of CP-30 to the parent agency, accompanied by their check for the employee's services as evidenced by their completion of Section One below. Upon completing Section Two, the Parent Agency budget officer will send the original to the payroll department as authorization to pay the borrowed employee his/her additional salary. The second copy will be filed by Parent Agency and the third copy will be returned to the Borrowing Agency. It is the responsibility of the parent agency to avoid over-collection of matching social security tax and/or under-collection of matching retirement.*

| SECTION ONE | |
|---|--|
| CERTIFICATION BY BORROWING AGENCY | Analysis of Payment to Parent Agency (Fill in as Applicable) |
| | Salary for Services..... \$ |
| Name of Agency | Matching Retirement..... |
| Name of Employee | Matching Social Security |
| Nature & Location of Work Performed | Indirect Expense..... |
| Dates Worked | Direct Cost..... |
| Rate & Time if Appropriate | Total Payment Due Parent Agency..... \$ |
| Funding Source/Position Number, if applicable | |
| Signature of Contracting Agency Official | |

| SECTION TWO | |
|---|---|
| CERTIFICATION BY PARENT AGENCY | |
| | We hereby certify that the actual work and the related travel time were both performed on the employee's own time, outside of regular scheduled working hours, and that the employee has not used "company time" to prepare for <i>his/her</i> services to the borrowing agency. We further certify that this payment is in complete accord with the Budget and Personnel Memorandum dated September 17, 1968, "Uniform Statewide Policy on Dual Employment." |
| Name of Agency | |
| Name of Employee | |
| Classification, Rank or Title | |
| XXX-XX- | |
| Position Number Social Security Number | |
| Agency Code Subhead Code Retirement Code | |
| Labor Distribution | |
| I certify that the above amount has been received from the Borrowing Agency and deposited in our account. Pay employee gross salary amount of \$ _____ in addition to regular salary. | |
| Budget Officer (Parent Agency) | _____ Employee _____ Immediate Supervisor/Chairperson _____ Division Head/Dean _____ Provost or Provost Designee (for EHRA employees) |

(Submit original and two copies.) Payroll Budget File Borrowing Agency